

## STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 18 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

# PLEASE PRINT

I. Name of Lobby	yist(s) Periklis Karoutas, Ro	bert Clegg, Debra V	anderbeek, Leann Mo	ccia, Chris Herr
II. Name of lobb	yist's partnership, firm or c	orporation, if any:		
	Legislative Solutions, L.	.L.C.		
	(Name of partnership, firm or co			<del></del>
	P.O. Box 10724	Bedford	NH	03110
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
( ) 603-860	-3682 ( )		e-mail senclegg(	@aol.com
(Telepho	\	(Fax)	0 mun 00.	
reportable expen	nt covers: (Choose one – file se transactions which are n transactions occurring in the	ot attributable to any	one client).	ay file a separate report for
An reportable	-			ne following eliciti.
	(Full Name of Client as it	ire Campground Ow		
<u>OR</u>	,			
☐ All reportable unrelated to any p		including the lobbyist'	s family), or the lobbyin	g firm listed below which are
IV. Date of Repo	rt April 25, 2018 A activity from date of registration	n to 3/31/18 act	July 25, 2018	3
	October 31, 2018 activity from 7/1/18 to 9/36	)/18 act	January 30, 2019 $\Box$ fivity from 10/1/18 to 12/31	1/18
	been no fees received and ked, complete just this form a 01.	_		-
VI. Check if add	itional reports are attached	:		
	eceived fees or made expendit		Idendum A – Fees and E	Expenses
	aid an honorarium or reimbur			
☐ If you, your f	irm, or your family has made	political contributions	, you must file Addendu	um C- Political Contributions
I have read RSA	t/Affirmation by Lobbyist 19, RSA-15-B, RSA 14-C and the best of my knowledge and		swear or affirm that the	foregoing information is true
11/4			April 9, 2018	
(Signature of lob)	byist)		(Da	ite)
Periklis Karouta	S			
(Print Name of lo				

# PLEASE PRINT

## STATE OF NEW HAMPSHIRE



### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Periklis Karoutas, Robert Clegg, Debra Vanderbe	ek, Leann Moccia, Chris Herr
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	<del></del>
III. Name of Client New Hampshire Campground Owners Association	Date April 9, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 9,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>0</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>9,000.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the person ad with a value of \$25.00 or less); and erting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50 expense reimbursement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$9,000.00
in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 9,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$9,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
	April 9, 2018
(Signature of lobbyist)	(Date)
Periklis Karoutas	
(Print Name of lobbyist)	

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partr	nership, firm, or corpo	oration: Legislative	Solutions, L.L.C.
Name of Client (leave b	lank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):		shire Campground Owners	•
Date of Report (check o	ne):		
April 25, 2018 💆	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
X_ Addendum A(s)			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of n		ief.	nt and each Addendum is true and 9, 2018 (Date)
Robert Clegg	1		
(Print Name of lobbyist)			

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Name of Lobbying par	tnership, firm, or corpo	ration: Legisla	ative Solutions, L.L.C.	
Name of Client (leave	blank if Statement is fo	or the partnership, fire	m, or corporation and not related	d to any
particular client):	New Hamp	shire Campground O	wners Association	
Date of Report (check	one):			
April 25, 2018 💆	July 25, 2018 □	October 31, 2018	□ January 30, 2019 □	
			me and Expenses described abo the number of Addendum form	
Addendum A(	s).			
Addendum B(s	3).			
Addendum C(s	3).			
I hereby swear or affir complete to the best of (Signature of lobbyist)	<b>4 6</b>		April 9, 2018  (Date)	rue and
Debra Vanderbeek		<u></u>		
(Print Name of lobbyis	et)			

# State of New Hampshire Signature Form for Associated Lobbyist

RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Statement/At	ffirmation	by Lobbyist
Statem	ent of Incom	e and Exp	enses for:

Name of Lobbying partner	ship, firm, or corpor	ation: Legislative	Solutions, L.L.C.
	•		r corporation and not related to any
particular client):		hire Campground Owne	
Date of Report (check one	):		
April 25, 2018 5 J	uly 25, 2018 □	October 31, 2018 🗆	January 30, 2019 □
			and Expenses described above, and number of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
complete to the best of my		ef.	ent and each Addendum is true and il 9, 2018 (Date)
(Signature of lobbyist)			(Date)
Leann Moccia			
(Print Name of lobbyist)			

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying part	nership, firm, or corpo	ration: Legislative S	folutions, L.L.C.
Name of Client (leave b	olank if Statement is fo	or the partnership, firm, or	corporation and not related to ar
particular client):	New Hamps	shire Campground Owners	Association
Date of Report (check o	one):		
April 25, 2018	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
/-			
			d Expenses described above, ar imber of Addendum forms beir
Addendum A(s	).		
Addendum B(s	).		
Addendum C(s	).		
I hereby swear or affirm complete to the best of	0 0		nt and each Addendum is true ar
( ( Little	Afler	April	9, 2018
(Signature of lobbyist)			(Date)
Chris Herr			
(Print Name of lobbyist	t)		